



Application for Waiver of Minimum Wage for Student Trainees Employed by a Hospital or Laboratory 454 C.M.R. 27.06(1)(a)

Pursuant to 454 C.M.R. 27.06(1)(a), the Department of Labor Standards may issue to any hospital or laboratory a license permitting payment of not less than 80% of the basic minimum wage rate (\$11.00 per hour x 80% = \$8.80 hour) to students whose employment for wages is part of a formal training program.¹

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

¹A waiver is not necessary for "work by persons being rehabilitated or trained under rehabilitation or training programs in charitable, educational, or religious institutions." See M.G.L. c. 151, §2.



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Please provide the following information:

1. Name of hospital or laboratory: _____
2. Nature of business: _____
3. Telephone number: _____
4. Business address: _____

5. Name of contact person and title: _____
6. Provide the number of employees paid at sub-minimum wage: _____
7. Provide the proposed hourly wage to be paid to student employee(s): _____
8. Is the student's employment for wages part of a formal training program? Yes ____ / No ____
9. Provide a description of the formal training program (attach additional sheets if necessary):

10. Provide the length of formal training program: _____

11. List the duties to be performed by student employee(s):

12. a. Is this the institution/organization's first application? Yes ____ / No ____
b. If this is not the first application, when was the last application made? _____
c. If a previous application was approved, when was the waiver in effect? _____

Please note: If waiver application is approved, The Department of Labor Standards may attach conditions to the granting of the waiver if deemed necessary.

Signature of Applicant: _____ Name of Applicant: _____
Title: _____ Date: _____

Office Use Only

CMS # _____ Check # _____ Date Received: _____
Granted / Denied Date: _____ Expiration Date _____ New Application / Renewal